PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

		Effectiv ———	e Decemb		\mathcal{O}	11	1955	-52		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMAI TYP	L ENTITY	OR	OTHER SMALL	
FC	OR .	NUMBI	R FILED	NUMBER	EXTRA	RATE		7	RATE	FEE
BA	SIC FEE			, ç		8		OR		690.00
TC	TAL CLAIMS	30	minus	20= * 5		X\$ 9	=	OR	X\$18=	270
	DEPENDENT CL		5 minus 3 = * 2			X39=	=	OR	X78=	156
MULTIPLE DEPENDENT CLAIM PRESENT							=	OR	+260=	,
* If	the difference	in column 1 is	less than ze	TOTA	L	OR	TOTAL	1116		
CLAIMS AS AMENDED - PART II							OTHER THAN SMALL ENTITY OR SMALL ENTITY			
		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	SWAL		OH 1	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	=	X\$ 9=	=	OR	X\$18=	
AM	Independent	* NTATION OF MI	Minus	*** PENDENT CLAIM	=	X39=	:	OR	X78=	
	THE STATE OF			CHOCKI OLANG		+130=	=	OR	+260=	
				TOT		OR	TOTAL			
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FI	EE L]	ADDIT. FEE	
<u>~</u>		CLAIMS		HIGHEST			ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT	,	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE			RATE	TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=	=	OR	X\$18=	
Ž	Independent	*	Minus	***	=	X39=	•	1	X78=	
_	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT CLAIM				OR	7.1.0.	
						+130=		OR	+260=	
				TOT.		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN!T	•	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=	: .	OR	X\$18=	
	Independent	*	Minus	***	=	X39=			X78=	
`	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT CLAIM			<u> </u>	OR	7,0-	
٠,	f the entry in colu	mn 1 is less than th	ne entry in colu	mn 2 write "0" in col	umn 3	+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/495552

Total Fee Calculation

-		10121 Fee	Calculati	פס	
	Fre Code	Total . # Claims	Number Extra)	. Fee	Fee = Total
	SmÆg.			Sm. Datiny	Lg. Entity
Basic Filing Fee	201/101			•	690 = 690
Total Claims >20	203/103	35 .20=	15 ×		18 - 270
Independent Claims >3	202/102		-		
Mult Dep Claim Present					78 - 156
Suithands (205/105				
English Translation	139				<u> </u>
TOTAL FEE CALCULA	אסרדי				·. 1246
Fees due upon filing t	be application:				••
Total Filing Fees Due	= \$	1246.	.00.		
Less Filing Fees Subm	ined - \$	~		· ·	·
BALANCE DUE	= 5	1246.	00		
Leilal		·			

FORM ODE-RAM-01 (Rev. 12/97)